COD E-Circular

A Project of the Co-Occurring Disorders (COD) Unit, California State Department of Alcohol and Drug Programs (ADP)

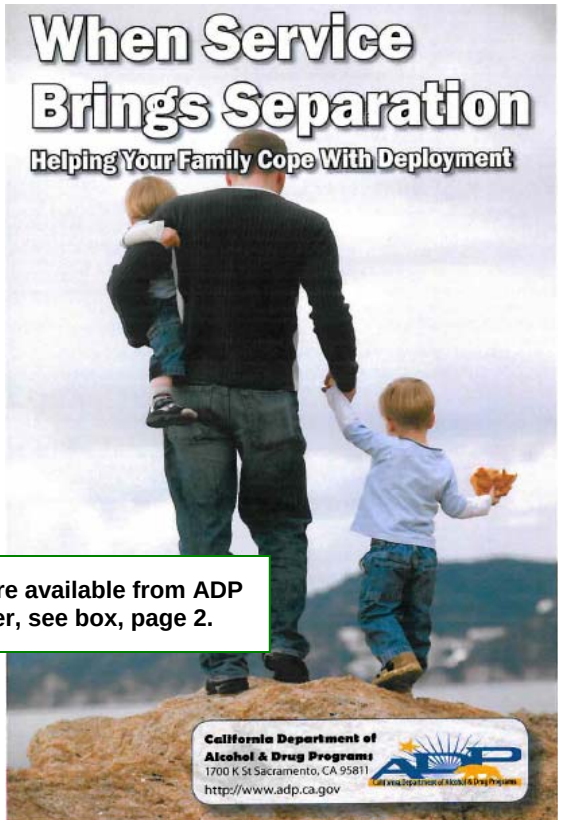
Volume 2, Issue 2 December 2010

California Addresses Treatment Needs for Veterans

"Last year, mental illnesses accounted for 35 percent of the $22 billion spent on disability payments to veterans who served in the Vietnam, Persian Gulf and 'global war on terror' eras, according to a Chicago Tribune analysis," [1]states a 2010 Associated Press article. Focusing on one local impact of recent United States military involvements – the rapidly increasing costs of continuing mental health care services to veterans – the article addresses only the mental health side of the COD treatment cost calculus. This situation is extremely troubling to state governments across the country. Nonetheless, the article continues with further difficult news for state budgets.

"Compensating veterans with psychological scars has helped fuel a 76% surge in service-related disability costs since 2003, the Tribune found, burdening a system already overwhelmed and underscoring the reality that the biggest costs of war are not often immediate or visible." [2]

States like California are stepping forward to address these behavioral health needs of returning veterans. Frequently, soldiers do not initially report or under-report substance use issues – as well as mental health issues –, for a variety of reasons. [3]



Sample of brochure available from ADP Resource Center, see box, page 2.

Yet the need, especially for mental health and substance use treatment, is substantial.

The article quoted above also mentions, "Another survey of about 100,000 Iraq and Afghanistan veterans found that 31% had been diagnosed with mental health or psychosocial problems." [4]

Veterans may need behavioral health support during their period of eligibility determination, depending on how long this process takes. Additionally, they may need supplemental services. According to one report, "Only a minority of Iraq and Afghanistan veterans with new PTSD diagnoses received a recommended number and intensity of VA mental health treatment sessions within the first year of diagnosis." [5]

Local organizations and other county-based behavioral health agencies can sometimes provide these additional services and supports, depending on the needs of the veteran and local and state eligibility requirements. As another article observed, "On average, veterans who pursue an appeal of their benefits decision must wait five years before a decision is reached." [6]

(continued on page 6, **Addressing Needs***)*

In this issue...

[1] "Costs Soar for Compensating Veterans with Mental Disorders." By the Associated Press. Mercury News (April 17, 2010), p. 1-2.

[2] *Ibid*.

[3] Here are two examples showing the extent of substance use problems (alcohol and pain medications, respectively) in the military, with a reference to the problems of under-reporting:

"Binge Drinking Remains Prevalent in the U.S. Military." A review article by Todd Neale: *MedPage Today*; February 16, 2009. Full text at http://www.medpagetoday.com/Psychiatry/Addictions/12914 . The review is based on the original article by Stahre M, et al, "Binge drinking among U.S. active-duty military personnel." *American Journal of Preventive Medicine*. volume 36, issue 3 (March 2009) pp. 208-217.

"Pentagon plays catch-up as toll of repeat combat duty rises." Patrik Jonsson; *The Christian Science Monitor*, December 17, 2009. Full text at http://www.csmonitor.com/USA/Military/2009/1217/Pentagon-plays-catch-up-as-toll-of-repeat-combat-duty-rises .

[4] *Op cit*, Associated Press.

[5] "VA Mental Health Services Utilization in Iraq and Afghanistan Veterans in the First Year of Receiving New Mental Health Diagnoses." Karen H. Seal, University of California, San Francisco, and others. *Journal of Traumatic Stress*, vol. 23, no. 1 (February 2010) pp. 5-16. Full text at http://www3.interscience.wiley.com/cgi-bin/fulltext/123278210/PDFSTART .

[6] "Unreasonable Delay at the VA: Why Federal District Courts Should Intervene and Remedy Five-Year Delays in Veterans' Mental-Health Benefits Appeals." By Jacob B. Natwick, (continued in note, next page)

Collaboration, Screening, Assessment, and Referral: Treatment Providers Must Address Impacts of Ancient and Modern War Conditions

Just as the nature of warfare has changed with time, so must the knowledge and skills of COD treatment professionals evolve. Providers benefit from a thorough understanding of when and how to screen, assess, refer, and collaborate.

Providers confront the lasting effects of a wide range of service-connected injuries. Veterans and active service members can be profoundly wounded by many factors of warfare, including impacts of military involvement hardly changed since ancient times: lasting grief at the loss of comrades, physical injuries of all kinds, the psychological changes that have gone by many names and are now called post traumatic stress disorder (**PTSD**), and remorse and guilt in response to "collateral damage". As much as these factors can contribute to substance use and mental illness, further complications come from modern circumstances.

Advances in medicine have yielded a wide variety of new pharmaceuticals with new risks for addiction. Advances in explosives lead to a massive increase in traumatic brain injuries (**TBI**), which can substantially complicate both mental health and alcohol and other drugs treatment. The changing nature of the United States military means that women service members may have suffered from sexual traumas[7]. And the urbanization of modern life leads to changes in the closeness of our communities, so that clients may come to us without our knowing – or the clients acknowledging – that they are veterans.

Consequently, for improved outcomes, COD treatment providers must take action to detect and determine complicating factors.

YOU CAN EMAIL THE COD UNIT AT CODINFO@ADP.CA.GOV .

THE COD WEBSITE CARRIES VALUABLE INFORMATION AT HTTP://WWW.ADP.CA.GOV/COD/ .

Necessary measures may be as simple as a thorough screening for dependence on different drugs; as subtle as using special training in military culture to detect the signals that a client is an unacknowledged veteran – with the need for additional screenings and questions; and as complicated as skillfully collaborating[8] with primary medical care providers for referral, assessment, and (possibly ongoing) treatment for TBI. COD treatment for individuals taking prescription pain medications for chronic pain can also create a special need for collaboration with – or referral to – primary care.

With COD provider expertise in specialty areas like trauma-informed care and services, primary care providers may benefit from consultation with COD treatment providers. Under federal Health Care Reform, such collaboration between primary care and mental health and substance use specialists is anticipated to be a fundamental part of more cost-effective health care. ¤

Resource Center Provides Free Literature, Other Materials

The Department of Alcohol and Drug Programs Resource Center Clearinghouse offers a selection of more than 600 alcohol, tobacco, and other drug materials at no cost. Order publications through the on-line shopping cart (http://rc.adp.ca.gov/RC_PC_main.asp) or by faxing your order to 916-323-1270.

Among the materials available are the titles illustrating this issue of the *COD E-Circular,* as well as others such as "Called to Duty: A Practical Guide for Families" and Substance Abuse and Mental Health Services Administration (**SAMHSA**) publications, such as Handbook for Family and Friends of Service Members: Before, During, and After Deployment (SMA10-EMLKITM), *SAMHSA News:* Paving the Road Home: Returning Veterans and Behavioral Health (SAM08-165), Recovery and the Military: Treating Veterans and Their Families (DVD251), and Dealing With the Effects of Trauma: A Self-Help Guide (SMA-3717), also available at http://store.samhsa.gov/home .

Various free Resource Center services are accessible by fax, Internet, email, or telephone. Call 1-800-879-2772, email ResourceCenter@adp.ca.gov , or fax: 1-916-323-1270.

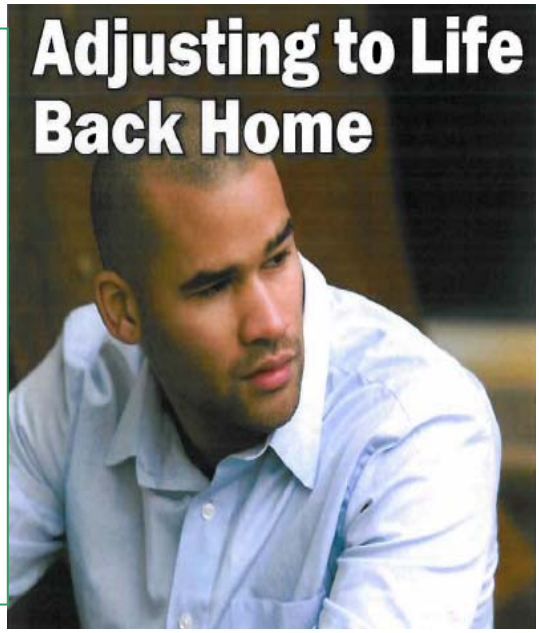
University of Iowa College of Law. IN: Iowa Law Review, volume. 95, number 2 (January 1, 2020) pp. 723-746. Full text at http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=49022121&site=ehost-live .

[7] In his expert witness testimony in March 2009 before the House Armed Services Subcommittee on Military Personnel, John Foubert said, "A national study found that 28% of U.S. women veterans were raped during their military service. 96% of the perpetrators were members of the military (Sadler, Booth & Doebbeling, 2005). Several other studies have replicated this finding. See Suris & Lind (2008) for a complete review." (http://armedservices.house.gov/pdfs/MP030609/Foubert_Testimony030609.pdf , accessed November 2010).

[8] The definition of collaboration from the DDCMHT and DDCAT manuals (see related article, page 4), is useful here: "Collaboration is a more formal process of sharing responsibility for treating a person with co-occurring conditions, involving regular and planned communication, sharing of progress reports, or memoranda of agreement. In a collaborative relationship, different disorders are treated by different providers, the roles and responsibilities of the providers are clear, and the responsibilities of all providers include formal and planned communication with other providers. The threshold for 'collaboration' relative to 'consultation' is the existence of formal agreements and/or expectations for continuing contact between providers." The DDCMHT and DDCAT manuals are available for free download at http://www.adp.ca.gov/COD/ddcat.shtml .

Use of Contemporary Technology Helps Youthful Clients, Including Young Soldiers and Vets

Young military personnel and veterans may be more likely to respond positively when using technology that youth like and which is a major part of their daily lives. Some California Access to Recovery Effort (**CARE**) treatment providers (see related article, page 5) now work with their clients via the cell phones and text messages that young people use so freely.



See box on page 2

Such phone-based communications enhance CARE services for the young population in need of substance abuse treatment, which includes service-connected individuals up through age 25: National Guard members, other military personnel, and all veterans returning from Iraq and Afghanistan. Currently, the use of this contemporary technology facilitates both basic communications and actual treatment.

Telephone Continuing Care (**TCC**) is a way of transitioning an individual from face-to-face treatment or continuing care to recovery in the community. Through the use of a phone as the primary means of interaction, TCC helps improve outcomes in multiple ways. It overcomes barriers such as geographic distance, lack of transportation, and childcare or work responsibilities. Also, it provides a cost-effective mechanism for maintaining engagement and for linking with more intensive services in times of elevated risk or relapse.

One example of TCC is the Telephone Monitoring and Adaptive Counseling (**TMAC**) treatment protocol. In TMAC, a recovering individual and a clinician jointly assess the individual's progress toward recovery as well as risk and protective factors. TMAC assumes that the counselor and client will modify aspects of treatment in response to heightened or reduced risks, protective factors, relapse, or a shift in client needs or priorities.

Dr. Jim McKay and Dr. Michelle Drapkin developed the TMAC protocol for adults from research at the University of Pennsylvania. It incorporates Motivational Interviewing and, using a cognitive-behavioral functional analysis of risk and protective factors, offers a framework for the counselor and client to assess status and track progress during regularly scheduled 15-minute calls. CARE worked with Dr. McKay and Dr. Michelle Drapkin to develop and implement an adolescent-specific, 6-month TMAC protocol.

TMAC has recently been certified for inclusion on the National Registry of Effective Programs and Practices (**NREPP**) Web site as an evidence-based practice: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=173 .

Generally, TMAC depends on one or two face-to-face orientation sessions to get started, followed by weekly calls for a period of time. The frequency of calls can be adjusted as needed. During the orientation period the counselor and client determine whether the counselor or the client will call, with a goal of maximizing successful contact. TMAC requires a collaborative and consultative relationship between the clinician and client.

TMAC emphasizes client choice and the responsibility of the individual for his or her recovery. Research indicates it works well:

- 24-month abstinence rates among TMAC participants were significantly higher than those for individuals receiving face-to-face continuing care or cognitive behavioral relapse prevention.[9]
- TMAC participants scored substantially higher on measures of self-efficacy and commitment to recovery at six months than did a group receiving standard face-to-face continuing care. [10]

Another technology-dependent health management method is Life:WIRE, which uses text-messaging to engage, track, and motivate clients. CARE providers use Life:WIRE for a wide range of purposes: to remind clients of appointment times, to ask questions to evaluate progress/status, and to reinforce positive behaviors.

A sample evaluation question could be, **"**During this past week, how many times did you feel sad, anxious, irritable, or uninterested in things that usually interest you?"

Both TMAC and Life:WIRE are examples of ways that modern technology can be used both to overcome obstacles to continuing care and to strengthen ongoing communication. For relapsing conditions like COD, such connection and continuity can be vital to monitoring and maintaining recovery. ¤

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[9] McKay, J. R.; Lynch, K. G.; Shepard, D. S.; and Pettinati, H. M. (2005). "The effectiveness of telephone-based continuing care for alcohol and cocaine dependence: 24-month outcomes." *Archives of General Psychiatry, 62*(2), 199-207.

[10] McKay, J. R.; Van Horn, D. H. A.; Oslin, D. W.; Lynch, K. G.; Ivey, M.; Ward, K.; Drapkin, M. L.; Becher, J. R.; and Coviello, D. M. (September 27, 2010). "A Randomized Trial of Extended Telephone-Based Continuing Care for Alcohol Dependence: Within-Treatment Substance Use Outcomes." *Journal of Consulting and Clinical Psychology*. Advance online publication. doi: 10.1037/a0020700

Tools Support Better Treatment Integration

Integrated COD treatment yields outcomes *and* is likely to better equip your program for the system changes anticipated under federal Health Care Reform (**HCR**) legislation. Does your COD treatment facility provide the level of qualified staff, the expected documentation in case notes, and the other qualities – especially *integrated* COD treatment – that will better prepare you for the system changes anticipated under federal HCR?

One way to assess your status is by self-administering the Dual Diagnosis Capability in Addiction Treatment (**DDCAT**) – or its sister tool, the Dual Diagnosis Capability in Mental Health Treatment (**DDCMHT**) – at your program. These indices provide an organization with an objective evaluation of its strengths and weaknesses in its provision of COD services. These instruments have been validated in substance abuse treatment, mental health treatment, primary care and general medical settings.

Currently, twenty other states are guiding the development of standardized treatment services for individuals with COD using the DDCAT. Dr. Mark McGovern of Dartmouth University developed the tool, as well as the DDCMHT version that is adapted for mental health programs. The DDCAT is endorsed by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services.

Both the DDCAT and the DDCMHT are user-friendly and concrete. The resulting assessment identifies specific avenues for improvement. In each of the shared seven program areas, the tools indicate possible actions and changes to allow your organization to expand its COD capability.

The DDCAT and its related tools, manuals, and information are free of charge and may be downloaded at: http://www.adp.ca.gov/COD/ddcat.shtml . ¤

Help Prevent Military Suicides

Veterans of Iraq and Afghanistan are two and a half times as likely to commit suicide as Californians of the same age with no military service

Depression and substance use disorders are treatable. Get help if you notice the following in someone you know who may be at risk of suicide:

- → Talking about wanting to hurt or kill oneself
- → Trying to get pills, guns or other ways to harm oneself
- → Talking or writing about death, dying, or suicide
- → Hopelessness
- → Rage, uncontrolled anger, seeking revenge
- → Acting in a reckless or risky way*
- → Excessive drinking or illicit drug use
- → Feeling trapped, like there's no way out
- → Saying or feeling there's no reason to live.

There are many resources available to learn more about suicide, prevention and risk reduction. Please visit www.suicidepreventionlifeline.org or call 1-800-273-TALK, press number 1 for veterans.

Additionally, the Army has just released a new report addressing suicide prevention and other key health issues, containing extremely useful information, particularly for service providers. For more information and the downloadable report see http://usarmy.vo.llnwd.net/e1/HPRRSP

*Veterans of Iraq and Afghanistan are twice as likely to die in a vehicle accident and five and a half times as likely to die in a motorcycle accident.

Military and Mental Health Training Recordings Available

An variety of recorded training teleconference calls is available for download. These address a range of "social inclusion" topics concerning issues of stigma and resilience for military personnel, veterans, and their families.

The archived recordings of these training teleconferences are sponsored by the Substance Abuse and Mental Health Services Administration (**SAMHSA**) Resource Center to Promote Acceptance, Dignity and Social Inclusion Associated with Mental Health (ADS Center). To access an archived training, please follow the instructions provided on each respective Web page (linked below). Training playback is free to the public.

Note – if the links embedded in the training titles below do not work for you, please look for the program you want on the archive page at http://www.promoteacceptance.samhsa.gov/teleconferences/archive/default.aspx .

Programs available include the following: Mental Health & Women in the Military: Promoting Social Acceptance and Inclusion, Mental Health for Military Families: The Path to Resilience and Recovery, Reducing Stigma for American Military Personnel, and Stigma in the Military: Strategies for Reducing Stigma Among Veterans and Active Duty Personnel .

The* COD E-Circular *is supported by Mental Health Services Act funding.

Upcoming issues will focus on:

- ✓ ***Provider Self-Care***
- ✓ ***Treatment and Intervention***
- ✓ ***COD and Criminal Justice***

Subscribe now, it's free! Send an email with the subject of "e-circular" to COD@adp.ca.gov .
In your message, please include:

- o your program name
- o the name of a contact person and
- o the person's phone number and area code

More Substance Treatment for Young Active Service Members and Veterans

Once again, the California Department of Alcohol and Drug Programs (**ADP**) successfully competed for an Access to Recovery (**ATR**) grant! The four-year grant of approximately $3.28 million per year will continue to fund the California Access to Recovery Effort (**CARE**) program of substance use treatment, California's implementation of ATR. CARE will expand to serve active service members and veterans up through age 25 in specific counties. This Substance Abuse and Mental Health Services Administration (**SAMHSA**) grant of $13.1 million will help provide vital treatment and recovery support funding for veterans ineligible for, or unable to access, military substance abuse benefits.

ATR is a federal initiative that offers people needing substance use treatment individual choices in their path to recovery, reflecting their personal needs and values. Since California has historically lacked resources for substance abuse services for adolescents, CARE initially focused exclusively on youth (12 to 20-year-olds). During the second grant, ADP included young National Guard members in the focus population. This third grant allows further expansion to include all military personnel, active service and veterans, up through age 25.

The CARE program serves individuals who reside in one of five counties: Butte, Los Angeles, Sacramento, Shasta, and Tehama. ADP-approved assessment providers are the main point of entry, and CARE provides eligible clients with "virtual vouchers" for substance use disorder services. Clients choose their service providers from a wide variety of ADP-approved organizations, including faith-based and grassroots organizations.

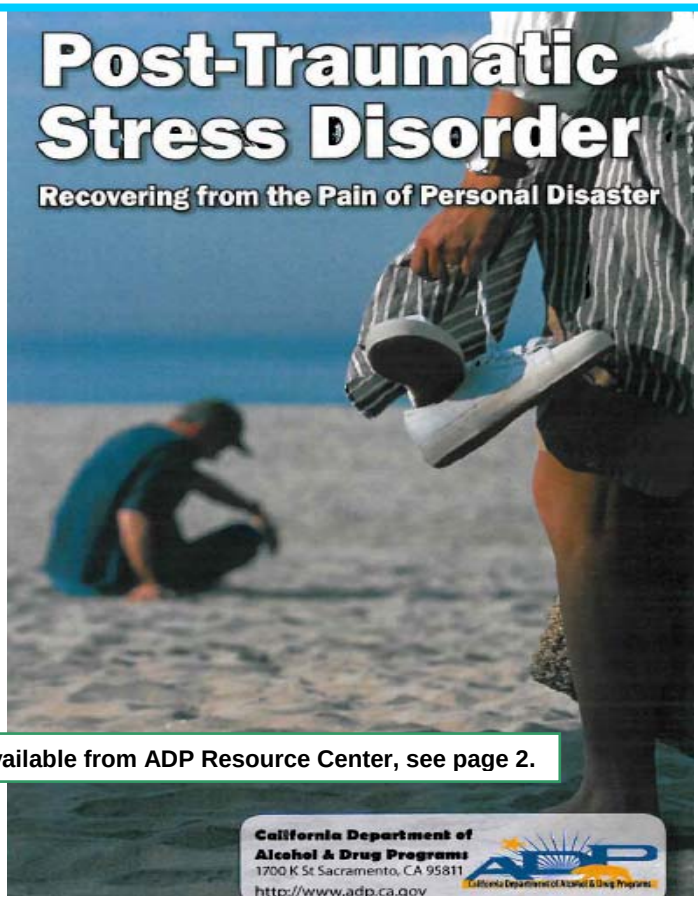
Services include outpatient and residential treatment; COD screening and assessment; case management; treatment planning; individual and group counseling; individual family therapy; education sessions; drug testing; and continuing care. Recovery support services are a focus of the program and include employment and educational services, therapeutic and structured recreation, peer coaching, spiritual coaching, and transportation. The CARE program uses certain "high tech" recovery support tools (see separate article, page 3).

A second program in California also succeeded in winning an ATR grant, the California Rural Indian Health Board, Inc. (**CRIHB**). CRIHB provides comparable services to eligible service members and veterans, who are American Indian or Alaska Native (**AI/AN**). CRIHB also serves other AI/AN, their descendants, spouses, and certain other related individuals.

For more information about the CRIHB, visit their Web site at http://www.crihb.org/ . For more information on the CARE program, visit www.californiacares4youth.com . ¤

Veterans Web Pages Provides Resources for Male and Female Veterans

The Department of Alcohol and Drug Programs' Web site contains special Veterans Web pages that offer numerous links to resources as well as important information on a range of veterans' issues, including suicide, "Military Sexual Trauma", and coping with the challenges of returning home: http://www.adp.ca.gov/Veteran/index.shtml .



Sample of brochure available from ADP Resource Center, see page 2.

SAMHSA Introduces Homeless Street Outreach Video Series

Veterans constitute a sizable proportion of the homeless population, often due to COD. Consequently, some COD service providers may want to employ specific skills in "Street Outreach" to the homeless.

SAMHSA recently announced the release of the Projects for Assistance in Transition From Homelessness (PATH) video series on Street Outreach. This video series is designed to equip providers with the skills and knowledge to do their jobs well. Rather than speaking theoretically about skills and knowledge, these training videos show providers practicing them in real-world settings. For more information on PATH and the links to episodes videos, go to http://pathprogram.samhsa.gov/ .

For additional information on housing resources for veterans and their families, see the recent "Veterans COD Services Tool Box" (available on the ADP COD Web pages at http://www.adp.ca.gov/COD/documents.shtml).

Addressing Needs (continued)

Additionally, some military veterans, such as National Guard members, may not have long enough periods of uninterrupted combat service to fully qualify for veterans' health care benefits.

A National Guard representative specifically cited the plight of returning Guard members at a conference which offered states an overview of the issues related to returning veterans, including the emerging need for substance use disorder treatment services. When Director Zito of the Department of Alcohol and Drug Programs (**ADP**) returned from this national conference in 2008, she began implementing responses to both the need for services and the challenges for funding. By 2009 these efforts took shape as ADP's Veterans Awareness Initiative (**VAI**). [11]

Some of the objectives of the VAI are to provide veterans access to substance use disorder services, increase awareness of the specific issues and concerns of those who serve or have served in the military, provide training to the substance use disorder field, and provide a forum to disseminate information and share issues and concerns impacting this population.

ADP, together with the California Department of Veterans Affairs, co-chairs ongoing VAI forums that bring together local county administrators and stakeholders, organizations serving the military, federal Veterans Administration, California Department of Mental Health, and California National Guard representatives. [12] With grant funding from the federal Center for Substance Abuse Treatment (**CSAT**), ADP helped organize workforce trainings at locations around the state for alcohol and other drug treatment providers and others. ADP is considering future trainings on topics related to veterans' treatment.

The trainings informed practitioners about key compo-nents of effective service provision and issues of special concern for returning military members, veterans, and their families. One of the vital training areas is trauma-informed care. In addition to an overview of trauma-informed care, training components included aspects of trauma-informed services, the overwhelming effects of trauma, and the physiological responses to trauma.

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The trauma-informed training encouraged providers to change their perspective on individuals from "what's wrong with you?" to "what happened to you?"

The State of California has undertaken a similar and more comprehensive initiative: Operation Welcome Home (**OWH**). OWH is a multi-agency effort that seeks to connect with over 30,000 California veterans who return annually from deployment. Under the California Department of Veteran Affairs, a network of outreach coordinators contacts veterans individually throughout the state. To help veterans make the transition from military service to civilian life, OWH workers interview veterans to identify their needs and direct them to services available through the CalVet Corps coalition. As Governor Schwarzenegger said, "Operation Welcome Home is bringing state, federal and local governments, non-profits, volunteers and the private sector together to create a one-stop shop for our men and women in uniform when they return home." [13] For more information: www.cdva.ca.gov.

Veterans' families are also impacted by both mental health and substance use disorders and, of course, the combination of these in COD. But they may face confusion among the maze of systems. Another special California program seeks to remedy this problem. The Mental Health Services Act (**MHSA** - Proposition 63) is funding the development of a statewide veteran mental health referral network. Connecting to all county-level entities that may become access points for services, this system can better direct veterans and their families seeking mental health assistance.

As treatment needs increase, providers across the state seek information and training specific to military and veterans' issues. [14]. This edition of the *COD E-Circular* offers relevant articles and complements the resources listed in the recent "Veterans COD Services Tool Box" (available on the ADP COD Web pages at http://www.adp.ca.gov/COD/documents.shtml).¤

[11] For information on the responses of some other states, see the 2009 National Association of State Alcohol and Drug Abuse Directors (NASADAD) report, "Addressing the Substance Use Disorder Needs of Returning Veterans and Their Families" at http://www.nasadad.org/resources/Pages%20from%20Veterans%20Report%209-29-2009%20FINAL%20(Short%20Version).pdf .

[12] Go to http://adp.ca.gov/veteran/VAI.shtml for more information on VAI.

[13] As quoted in June 3, 2010, "Honoring our Military" entry at http://gov.ca.gov/issue/veterans-military .

[14] A useful source of counseling assistance for veterans and their families is Give an Hour™ (**GAH**) a nonprofit group. Currently, GAH is dedicated to meeting the mental health needs of the troops and families affected by the ongoing conflicts in Iraq and Afghanistan by providing free counseling to individuals, couples and families, and children and adolescents. GAH offers treatment for anxiety, depression, substance abuse, post-traumatic stress disorder, traumatic brain injuries, sexual health and intimacy concerns, and loss and grieving. For further information and GAH's "military brochure", see http://tinyurl.com/295u56q and/or the GAH home page: http://www.giveanhour.org .